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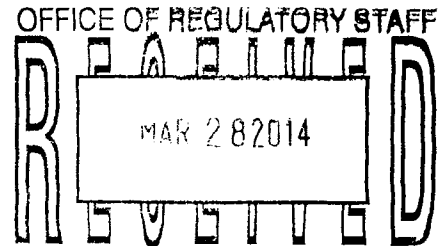
100 Century Plaza  
Suite 9-i  
Seneca, SC 29678

Date: 3/24/14

Re: Certificate of Deposit

To: State of South Carolina  
The Public Service Commission  
1401 Main Street, Suite 900  
Columbia SC, 29201

From: Scott Loggins / OneTone Telecom, Inc.



Ladies and Gentlemen,

The original Certificate of Deposit issued by BB&T in the amount of Fifty Thousand Dollars(\$50,000.00) in order to comply with the regulation, 26 S.C. Code Ann.Reg. 103-607 (Supp. 2011) is still in place and the Hold Inquiry in the favor of The State of South Carolina Public Service Commission remains. ( See attached )

Sincerely,

A handwritten signature in black ink, appearing to read "R Scott Loggins".

R Scott Loggins  
OneTone Telecom, Inc.  
864-985-3906  
[sloggins@ltone.net](mailto:sloggins@ltone.net)

RECEIVED

MAR 28 2014

PSC SC  
MAIL / DMS

# BB&T SIGNATURE CARD (SOUTH CAROLINA)

NAME AND ADDRESS OF DEPOSITOR(S) <b>ONETONE TELECOM INC</b> <b>SC PUBLIC SERVICE COMMISSION</b> <b>26 SC CODE ANN REGS 103-607</b> <b>100 CENTURY PLAZA DR STE 9I</b> <b>SENECA</b>		
		<b>SC 29678-0852</b>
ACCOUNT NUMBER	ACCOUNT OPENING DATE <b>06/13/2012</b>	REVISED CARD DATE <b>03/27/2014</b>

## OWNERSHIP DESIGNATION: CHECK ONLY ONE BLOCK

### Personal Accounts

- ☐ Individual  
☐ Joint With Right of Survivorship  
☐ Payable on Death  
☐ Uniform Gifts to Minors  
☐ Other \_\_\_\_\_

### Business Accounts

- ☐ Sole Proprietorship/DBA  
☒ Partnership  
☐ Corporation  
☐ Non-Profit Corporation  
☐ Public Funds  
☐ LLC (including LLP)

### Other Accounts

- ☐ Estate  
☐ Trust (by written agreement)  
☐ Bankruptcy  
☐ Court Appointed Fiduciary  
     (Guardian/Custodian/Conservator, etc.)  
☐ Lawyer's Trust Account or IOLTA  
☐ Escrow  
☐ Other \_\_\_\_\_

### IDENTIFICATION (Primary Account Holder)

Type of ID GDST Issued By SC ID Number SC/NO ID NUMBER Expiration Date \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Second Type of ID \_\_\_\_\_ Issued By \_\_\_\_\_ ID Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Employer \_\_\_\_\_ Cell Phone Number (864) 985-3906 Home Phone Number \_\_\_\_\_  
 Address as listed on ID \_\_\_\_\_ Work Phone Number (864) 985-3906

### IDENTIFICATION (Secondary Account Holder)

Type of ID \_\_\_\_\_ Issued By \_\_\_\_\_ ID Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Second Type of ID \_\_\_\_\_ Issued By \_\_\_\_\_ ID Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Employer \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_  
 Address as listed on ID \_\_\_\_\_ Work Phone Number \_\_\_\_\_

### TIN CERTIFICATION

Under penalties of perjury, I certify by my signature below that: (1) The number shown on this form is the correct Social Security or Tax Identification Number, or I am waiting for a number to be issued to me, and (2) I am NOT subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding. (Depositor must cross out (2) above if the IRS has notified the depositor that the depositor is currently subject to backup withholding because of underreporting of interest or dividends.), and (3) I am a U.S. person (including U.S. resident alien). The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Check one only if applicable:

- ☐ Depositor is an exempt recipient of interest under the Internal Revenue Code.  
☐ Depositor is exempt as a nonresident alien and has completed a Form W-8BEN. (All depositors must complete a separate W-8BEN form for this exemption).

I understand that if a taxpayer identification number is not provided to the bank within 60 days, the account may be closed.

**BY MY SIGNATURE, I HEREBY CERTIFY THAT:** (1) the type of ownership designated is correct; (2)(a) if I have opened a personal account, I have received the "Bank Services Agreement", the "BB&T Interest Rate Schedule" or Client Summary with interest rates, and the "BB&T Personal Services Pricing Guide" and agree to accept the terms of each document; or (2)(b) if I have opened a commercial account, I have received the "Commercial Bank Services Agreement" and the "BB&T Business Services Pricing Guide" and agree to accept the terms of each document; (3) I give permission to BB&T to verify any bank or credit references; and (4) I have read and understand this signature card, confirm that it is completed correctly and agree to its terms and disclosures.

### INDIVIDUAL ACCOUNT Only one signer

SSN: \_\_\_\_\_ Signature of Depositor \_\_\_\_\_ Date: \_\_\_\_\_

Centralized Document Scanning Operations  
 100-99-15-11

**JOINT ACCOUNT WITH RIGHT OF SURVIVORSHIP**  
*All account owners must sign*

We understand that BB&T may pay any or all of the funds in the account on the order of any one person named on the account. Upon the death of a party to the account, the deceased party's ownership in the account passes to the surviving party or parties to the account. BB&T may pay the entire account balance to a creditor or other legal claimant pursuant to legal process despite notice to BB&T by a depositor not to permit such payment.

SSN: \_\_\_\_\_ Signature of Depositor \_\_\_\_\_ Date: \_\_\_\_\_

SSN: \_\_\_\_\_ Signature of Depositor \_\_\_\_\_ Date: \_\_\_\_\_

**PAYABLE ON DEATH ACCOUNT**  
*POD*

It is understood that by establishing a POD account that: (i) any one account owner may withdraw or transfer any or all of the funds in the account; (ii) any account owner may change or remove any beneficiary by written notice to the Bank; (iii) upon the death of any account owner, the funds shall belong to the remaining account owner(s); and (iv) upon the death of the last account owner, the funds shall be payable to the beneficiaries then living and, if none, to the estate of the last surviving account owner.

SSN: \_\_\_\_\_ Signature of Depositor \_\_\_\_\_ Date: \_\_\_\_\_

SSN: \_\_\_\_\_ Signature of Depositor \_\_\_\_\_ Date: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_ SSN: \_\_\_\_\_

Address of Beneficiary: \_\_\_\_\_

Date of Birth of Beneficiary: \_\_\_\_\_ Phone Number of Beneficiary: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_ SSN: \_\_\_\_\_

Address of Beneficiary: \_\_\_\_\_

Date of Birth of Beneficiary: \_\_\_\_\_ Phone Number of Beneficiary: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_ SSN: \_\_\_\_\_

Address of Beneficiary: \_\_\_\_\_

Date of Birth of Beneficiary: \_\_\_\_\_ Phone Number of Beneficiary: \_\_\_\_\_

**UNIFORM GIFTS TO MINORS ACT ACCOUNT**  
*Only one custodian and one minor permitted*

I understand that the funds transferred into this account are being credited to this account in my name as custodian for the minor named below under the South Carolina Uniform Gifts to Minors Act. The gift of money to the minor named below is irrevocable and is made in accordance with and to include all provisions of said Act.

SSN: \_\_\_\_\_ Name of Minor: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of Minor: \_\_\_\_\_ DOB: \_\_\_\_\_

SSN: \_\_\_\_\_ Signature of Custodian \_\_\_\_\_ Date: \_\_\_\_\_

**Business, Trust, Bankruptcy, Guardian, Custodian, Conservator, IOLTA, Escrow and "Other" Accounts**

The undersigned expressly authorize BB&T to obtain any consumer report and/or any other Personal or Business credit reports.

57-1040699	ONETONE TELECOM INC		(Seal)	03/27/2014
EIN/Tax ID Number	Printed Name	Signature for Entity - Your Title		Date
Tax ID Number	Printed Name	Signature and Title	(Seal)	Date
Tax ID Number	Printed Name	Signature and Title	(Seal)	Date
Tax ID Number	Printed Name	Signature and Title	(Seal)	Date

Opened/Updated By TAMMY M. MYERS 04560 Approved By \_\_\_\_\_ Branch Location 8040511

### Products You've Selected

**Small CD < \$100K • Open • Corporation** **Caution**

Salaries

### Balance Information

**Current Balance**

**\$50,255.00**

**Interest Earned Not Paid (+)**

**\$59.27**

**Federal Withholding (-)**

**\$0.00**

**State Withholding (-)**

**\$0.00**

**Checks Outstanding (-)**

**\$0.00**

**Interest Penalty (-)**

**\$25.00**

**Ⓐ Assignments (-)**

**\$50,000.00**

### Add Assignment

Amount

**Expiration  
Date**

### Description

Delete

**Closing Value (With Penalty)**

**\$289.27**

**Closing Value (Without Penalty)**

**\$314.27**

### Online Balance

**\$50,255.00**

**Float (-)**

**\$0.00**

**Available Balance**

**\$255.00**

OFFICE OF REGULATORY STAFF

MAR 28 2014

11:19 AM  
3-27-2014

## What would you like to do?

## Clients You've Selected

## Products You've Selected

## Cautions

## Balances

## Balance Information

Current Balance		\$50,255.00								
Interest Earned Not Paid (+)		\$59.27								
Federal Withholding (-)		\$0.00								
State Withholding (-)		\$0.00								
Checks Outstanding (-)		\$0.00								
Interest Penalty (-)		\$25.00								
⬆ Assignments (-)		\$50,000.00								
<div>Add Assignment</div> <table><thead><tr><th>Amount</th><th>Expiration Date</th><th>Description</th><th>Delete</th></tr></thead><tbody><tr><td>\$50,000.00</td><td>11/23/2014</td><td>SC PUBLIC SERV COMMISSION-76 SC CODE ANN REGS 803-607</td><td>Delete</td></tr></tbody></table>			Amount	Expiration Date	Description	Delete	\$50,000.00	11/23/2014	SC PUBLIC SERV COMMISSION-76 SC CODE ANN REGS 803-607	Delete
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\$50,000.00	11/23/2014	SC PUBLIC SERV COMMISSION-76 SC CODE ANN REGS 803-607	Delete							
Closing Value (With Penalty)		\$289.27								
Closing Value (Without Penalty)		\$314.27								
Online Balance		\$50,255.00								
Float (-)		\$0.00								
Available Balance		\$255.00								



Account may not be closed due to monetary assignment

## Withdrawal Information

## Transfer Information

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MAR 28 2014